

OCCUPATIONAL HEALTH CONSENT FORM

EXTERNAL USE

Your Details:

Please provide the following information in CAPITALS. We may use these details to contact you regarding the Occupational Health (OH) referral.

First Name:		Surname:	
Home Address: Including Postcode		Date of Birth:	
Email Address*:			
Home Tel. Number		Mobile Tel. Number	

***The email address you provide will be used to send you a copy of the report if you request one, so ensure it is clear and suitable for that purpose. If you do not provide one, your report will be sent by post to the address you have provided.**

I confirm that I understand and agree that:

- The reason and purpose of the Occupational Health referral has been explained to me by my employer and I am willing to undergo the Occupational Health assessment.
- Following the assessment, an Occupational Health report can be sent to my referrer and I can request to see it if I wish. The report may include independent and impartial advice about my fitness or ability to work due to my health, the effect of my work on my health, and suggestions for support, restrictions and adjustments.
- My Occupational Health assessment may include a physical examination and/or tests but these will be explained to me if they are required.
- My personal and medical information will be maintained and processed confidentially by Health Assured staff, in accordance with GDPR 2016/679 and the Data Protection Act 2018. Further information is available in our Privacy Notice on our website - www.healthassured.co.uk/privacy-policy.
- If I choose to see a copy of the report before it is sent to my employer/referrer it will be emailed or posted to me. If I have comments to make I must respond to Health Assured within **two working days of the email being sent to me or five working days for postal requests**. If Health Assured have not heard from me within the above timeframe the report will be issued directly to my employer/referrer.

Please choose and tick one of the following options:

- I do not require a copy of the occupational health report.
- I would like a copy **at the same time** it is sent to my employer/referrer.
- I would like to see a copy of the Occupational Health report **before it is sent** to my employer/referrer.

Name: _____

Signature: _____ Date: _____

Should you wish to, you can withdraw your consent at any time by calling the Occupational Health team on 0161 836 9481 or by emailing occhealth@healthassured.co.uk.

CONTACT US

Health Assured can be contacted on:

0161 836 9481

or by emailing:

occhealth@healthassured.co.uk

or by post at:

**Health Assured Ltd
The Peninsula
Victoria Place
Manchester
M4 4FB**